2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY GF STATE DIVISION OF CORPORATI EASTSIDE INVESTMENTS, LLC SHORDAN FIRE 122ND STREET NORTH MIAMM, FL 33161 2. Principal Place of Business 1075 N.E. 122ND STREET NORTH MIAMM, FL 33161 2. Principal Place of Business 122.0.5 N.E. 1 L. L. Suite, Apr. F. etc. 03012005 Rein-LLC Cr2e101 (6/04) 2. Principal Place of Business 122.0.5 N.E. 1 L. L. Suite, Apr. F. etc. 03012005 Rein-LLC Cr2e101 (6/04) 2. Principal Place of Business 122.0.5 N.E. 1 L. L. Suite, Apr. F. etc. 03012005 Rein-LLC Cr2e101 (6/04) 2. Principal Place of Business 122.0.5 N.E. 1 L. L. Suite, Apr. F. etc. 03012005 Rein-LLC Cr2e101 (6/04) 3. Suite, Apr. F. etc. 03012005 Rein-LLC Cr2e101 (6/04) 4. FEI Number of Address of Current Registered Agent 7. Name and Address of Waw Registered Agent EL BEYROUTI, JIHAD P 1075 N.E. 222ND STREET NORTH MIAMI, FL 33161 Stroat Address (PO. Box Number is Not Acceptable) Stroat Address (PO. Box Number is Not Acceptable) Stroat Address (PO. Box Number is Not Acceptable) FILE NOWIH FEE IS \$200.00 FILE NOWIH FEE IS \$200.00 FILE BYROUTI, JIHAD P 1075 N.E. 222ND STREET NORTH MIAMI, FL 33161 Debte		REINSTA	FILEO					
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Stock Stoc					· · · · · · · · · · · · · · · · · · ·			pplied For
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EL BEYROUTI, JIHAD P 1075 N.E. 122ND STREET NORTH MIAMI, FL 33161 City FL Zip Code 8. The above named entity subgiss this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent of registered agent of registered agent of registered agent age	Zip Country Zip			Country			\$5.00 A	ot Applicable
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8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE SIGNA	1075 N.E. 122ND STREET							
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Florida Department of State 9.	the obligat	ions of registered agent.	enoti	•			, ,	and accept
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the inform indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAN TEMBERS, WARRAGEN, OR AUTHORIZED REPRESENTATIVE Daytime Phone *	indicated limited lia	on this report is true and accurate and billity company or the receiver or trustee	that my signature shall have empowered to execute this	report as	legal effect as if n required by Chap	nade under oath; that I am a manag ter 608, Florida Statutes.	ing member or manag	er of the